Team Assessment of Behaviour (TAB) Summary Form

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| --- | --- |
| **Name of trainee (Applicant):** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Period of Training:** | From: |  | To: |  |

|  |  |
| --- | --- |
| **Role of Trainee:** |  |

|  |  |
| --- | --- |
| **Location:** |  |

|  |
| --- |
| **Evidence Considered when compiling this summary** |
| Number of feedback forms used to compile this report (Minimum 8/Maximum 15) | 8-10 Forms  | 11-12 Forms  | 13-14 Forms  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Overall Assessment**(Please put total responses in each column) | **No Concerns** | **Some Concerns** | **Major Concerns** | **Important/relevant comments** |
| **Maintaining trust/professional relationships with patients*** Listens
* Is polite and caring
* Shows respect for patients’ opinions, privacy, dignity and is unprejudiced
 |  |  |  |  |
| **Verbal Communication skills*** Gives understandable information
* Speaks good English, at the appropriate level for the patient
 |  |  |  |  |
| **Overall Assessment**(Please put total responses in each column) | **No Concerns** | **Some Concerns** | **Major Concerns** | **Important/relevant comments** |
| **Team-working/working with colleagues*** Respects others’ roles and works constructively in the team
* Hands over effectively and communicates well
* Is unprejudiced, supportive and fair
 |  |  |  |  |
| **Accessibility*** Accessible
* Takes proper responsibility. Only delegates appropriately
* Does not shirk duty
* Responds when called. Arranges cover for absence
 |  |  |  |  |

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| --- | --- |
| **Signature:** | **Date assessment was completed:** |
| **Name of signature:** |  | **Hospital Stamp**It is **essential** that this form is stamped with **an official hospital stamp** |
| **Professional Status:** |  |
| **Hospital Address:** |  |
| **Email Address:** |  |